POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number: 20306	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number										
Name Registration Number Registration Re	·	ed with the Customer Number:	ļ	20306						
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 20306 OR I film or Film or City State Zip Country Telephone Email Assignee Name and Address: City State Dierchefski NetWorks, L.L.C. 160 Greentree Drive, Suite 101 Dover, DE 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature And Miller Date Assignee Signature And Miller Telephone	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
any and all patent applications assigned and to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:		Name							~	
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The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Olerchefski Networks, L.L.C. 160 Greentree Drive, Suite 101 Dover, DE 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 1940	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents									
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The address associated with Customer Number: OR The individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Olerchefski Networks, L.L.C. 160 Greentree Drive, Suite 101 Dover, DE 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Wallow Page 101 Date Wallow Telephone										
Firm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Clerchefski Networks, L.L.C. 160 Greentree Drive, Suite 101 Dover, DE 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date (2/16/18) Name Jeremiah Miller	\mathbb{N}/\mathbb{N}									
Address City State Zip Country Telephone Email Assignee Name and Address: Olerchefski Networks, L.L.C. 160 Greentree Drive, Suite 101 Dover, DE 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Washington										
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Olerchefski Networks, L.L.C. 160 Greentree Drive, Suite 101 Dover, DE 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 12/01/08 Telephone	Assistance Name and Addrops:									
Dover, DE 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 2/05/08 Telephone	Olerchefski Networks, L.L.C.									
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The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 12/05/09 Name Jeremiah Miller Telephone										
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Name Jeremiah Miller Telephone	Signature 900						Date 12/05/08			
The state of the s	Name	Name Jeremiah Miller						·		
Title Authorized Person for Olerchefski Networks, L.L.C.	Title									

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.